

Airside Vehicle Permit (AVP) Application Form

or Authority to Use Airside (AUA)

PO Box 7636 Garbutt QLD 4814 | P: +61 7 4727 3211 | F: +61 7 4779 1843 | ACN 081 257 490



A Queensland Airports Limited Company

1. Applicant Details	
Applicant Name:	.
Company Name:	.
Address:	.
Email:	Contact Number: .
Type of work to be undertaken:	.
Areas of operation:	.
Communication Equipment:	.
Justification for frequent unescorted access:	_____

2. Release and Indemnification
In consideration of being granted an Airside Vehicle Permit (AVP) in accordance with this application, the Applicant agrees in terms of the attached Indemnity and Release to release and indemnify Townsville Airport Pty Ltd (TAPL), its servants, officers, agents, contractors and any persons providing assistance to TAPL in relation to all claims for damage to any Vehicle (as defined in the Indemnity and Release) and/or any damage and associated costs to any other area, person or thing caused by the Vehicle whilst accessing the airside area.

3. Undertaking and acknowledgement by the applicant
<ul style="list-style-type: none">▪ I have read the Townsville Airport Pty Ltd Airside Vehicle Control Handbook and agree to fulfil the requirements on vehicle operations set out in the handbook.▪ The Vehicle Operator undertakes to ensure that the vehicle is maintained and operated in accordance with the Townsville Airport Pty Ltd Airside Vehicle Control Handbook, including daily FOD checks.▪ The Vehicle Operator acknowledges that the TAPL General Manager Aviation may cancel or suspend this Airside Vehicle Permit at any time.
Please note: Vehicle Warning Lights are required on vehicles operating airside. They must be amber/yellow/orange flashing or rotating mounted on the top of the vehicle, so as to provide 360° visibility.
Signature: _____ Date: / /

Townsville Airport Office Use Only			
Supplied:	<input type="checkbox"/> Certificate of Currency	<input type="checkbox"/> Indemnity & Release	SDS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Received by TAPL	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque
Receipt Number:	Advam Number:	Total:	

Invoice Request: / /

Notes: _____ _____

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Make	Model	Year	Registration	Motive Power (e.g. Electric, Gas, unleaded, diesel)	Special Features	Insurer (3 rd Party Insurance)	Policy Expiry Date	Amount of Cover \$	TAPL	
									AVP Issued	Date Issued
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